# **News and Notes**

### ATLAS OF GEOGRAPHIC AND RACIAL/ETHNIC DISPARITIES IN HEART DISEASE DEATH RATES FOR US MEN

The greatest burden for heart disease among US men exists among African American men and among men residing in parts of the rural South, according to a report released by the Centers for Disease Control and Prevention (CDC) and West Virginia University (WVU).

Men and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality provides a broad look at geographic and racial/ethnic disparities in heart disease deaths for US men ages 35 years and older for 1991–1995. Researchers found that African American men are 26% more likely than white men, and almost twice as likely as Hispanic men, to die of heart disease. In addition to suffering higher heart disease death rates, African American men are also more likely to die from heart disease at an early age than other men. An estimated 40% of heart deaths in African American men occur before age 65, compared with 21% of heart deaths in white men.

"Too many men, particularly men of color, are dying from a disease that we know can be prevented by changing lifestyles and social conditions in communities, including access to affordable, heart-healthy foods and recreational facilities and jobs in healthy workplaces," said Surgeon General David Satcher in introducing the report.

Men and Heart Disease is the companion to Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality, released in February 2000. Men and Heart Disease includes more than 200 national and state maps showing geographic patterns in heart disease death rates. Maps showing local economic resources and the availability of medical care provide information on the underlying community characteristics that can influence opportunities to live hearthealthy lives.

CDC Director Jeffrey Koplan, MD, noted that the two atlases "allow public health professionals and policymakers at the state level to compare their state's heart disease burden with other similar states. . . . These state and racial/ethnic-specific data are especially critical when states are deciding how to target their funds to populations in greatest need of heart disease prevention services."

"The highest rates in death from heart disease for men are found in the regions of this country with the poorest economies and few health care resources, particularly in underdeveloped rural areas," said Elizabeth Barnett, PhD, director of the Office for Social Environment and Health Research at WVU, and lead author of the atlas. "High risks of heart disease are also concentrated in groups of men who have historically been socially disadvantaged, often as a result of racism and other forms of discrimination."

American Heart Association President Rose Marie Robertson, MD, noted, "Many rural areas lack hospital coronary care units and cardiac rehabilitation units, both of which have been shown to reduce the likelihood of death among people who have suffered heart attacks."

Copies of *Men and Heart Disease* are available free of charge from the National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health, 4770 Buford Highway NE, MS K-47, Atlanta, GA 30341; tel. 888-232-2306.

Additional information about *Men and Heart Disease*, including an online version of the document, is available at http://oseahr.hsc.wvu.edu/ and at http://www.cdc.gov/nccdphp/cvd/mensatlas/.

Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality is available on the Web at http://oseahr.hsc.wvu.edu/ and at http://www.cdc.gov/nccdphp/cvd/womensatlas/.

## CODE OF ETHICS FOR PUBLIC HEALTH

On May 9, 2001, the Public Health Leadership Society (PHLS) Public Health Ethics Workgroup held a Collaborative Dialogue on a Draft Code of Ethics for Public Health at the University of Health Sciences in Kansas City, Missouri. Participants at the meeting offered input on a draft Code of Ethics for public health developed by the PHLS Workgroup. Attending were representatives from the American Medical Association, the American Public Health Association (APHA), the Association of Schools of Public Health, the Association of State and Territorial Health Officials, the National Rural Health Association, the National Association of County and City Health Officials, the National Association of Local Boards of Health, the Centers for Disease Control and Prevention, the National Bioethics Advisory Commission, the Hastings Center, the Midwest Bioethics Center, the Public Health Foundation, the University of New Hampshire, the University of Virginia Institute for Practical Ethics, and local public health leaders.

A draft of the code of ethics was presented for public comment at the annual APHA conference in Atlanta in a "town hall" session on October 24, 2001. The draft code is available on the APHA website at www.apha.org, where you are invited to provide input.

For more information on the PHLS Code of Ethics project, contact Liz Schwarte at the Center for Health Leadership & Practice; tel. 510-986-0140; e-mail <lschwarte@cfhl.org>.

#### WHO: TOBACCO AN OBSTACLE TO CHILDREN'S RIGHTS

Tobacco poses a major obstacle to children's rights, according to a report by the World Health Organization (WHO).

In the report, titled, Tobacco and the Rights of the Child, the WHO encourages countries to abide by the terms of the Convention on the Rights of the Child by taking legislative and regulatory measures to protect children from tobacco and by ensuring that the interests of children take precedence over those of the tobacco industry. All but two countries in the world are party to the Convention.

According to the report, 250 million children alive today will be killed by tobacco in the future if current consumption trends continue. The authors note that tobacco use among young people continues to rise as the tobacco industry aggressively promotes its products to a new generation of potential smokers. In addition to the impact of direct use of tobacco, children are exposed to the harmful effects of secondhand tobacco smoke. According to the WHO, nearly 700 million, or almost half of the world's children, breathe air polluted by secondhand smoke.

The report points out that tobacco companies have been implicated in child labor in major tobacco-producing countries such as Argentina, Brazil, China, India, Indonesia, Malawi, the US, and Zimbabwe.

The WHO maintains that tobacco control is a binding obligation under the Convention on the Rights of the Child.

For the full text of the report, visit: http://tobacco .who.int/en/youth/index.html.

#### REPORT SHOWS DEATH RATES HIGHER FOR BLUE COLLAR WORKERS

Blue-collar workers have significantly higher mortality rates than white-collar workers, as shown in a table developed by the Society of Actuaries.

At age 65, blue-collar men have a mortality rate 42% higher than white-collar men. The table shows

that blue collar vs. white collar job status has a greater effect on mortality than gender; the mortality rate for 65-year-old men is 29% higher than the rate for 65year-old women.

If adopted by the Internal Revenue Service, the table would affect the way that employers calculate their pension liabilities. According to the Society, the table is based on the actual experience of pension plans, using nearly 11 million life-years of data.

The Society of Actuaries table is available on the Web at http://www.soa.org/research/rp2000.html.

#### ATSDR FACT SHEETS ON HAZARDOUS SUBSTANCES

The Agency for Toxic Substances and Disease Registry (ATSDR) has published a series of fact sheets on hazardous substances. ToxFAQs contain information excerpted from the ATSDR Toxicological Profiles and Public Health Statements. The fact sheets offer answers to the most frequently asked questions about exposure to hazardous substances found around hazardous waste sites and their effects on human health.

ToxFAQs are available on the Web in both HTML and PDF formats at http://www.atsdr.cdc.gov/toxfaq .html.

Detailed information is provided in the Toxicological Profiles; see http://www.atsdr.cdc.gov/toxpro2 .html. Public Health Statements can be found at http://www.atsdr.cdc.gov/phshome.html.

More information is available from the Division of Toxicology, Agency for Toxic Substances and Disease Registry; tel. 888-42-ATSDR; fax 404-639-6359.

#### HAZARDOUS SITES MAPPED ON THE WEB

GATHER, a Web-based tool from the Agency for Toxic Substances and Disease Registry (ATSDR), offers interactive maps of hazardous sites for use by public health professionals and community groups.

GATHER, the Geographic Analysis Tool for Health and Environmental Research, provides access to spatial data that are relevant to public health. Users can map a specific ZIP code or search for a hazardous waste site for example, by state, county, ZIP code, or name.

The GATHER website can be found at http://gis .cdc.gov/atsdr/.

#### CHEMICAL SAFETY DOCUMENTS ON WEB

The International Programme on Chemical Safety's (IPCS) INCHEM service is now available free of charge to people around the world via the Internet at http:// www.inchem.org/. This service offers access to thousands of searchable full-text documents from international bodies on chemical risks and chemical risk management.

The INCHEM Program is a cooperative effort of IPCS and the Canadian Centre for Occupational Health and Safety.

IPCS is a joint activity of the World Health Organization, the International Labour Organization, and the United Nations Environment Program.

## WEB RESOURCE ON CULTURALLY APPROPRIATE CARE

A Web-based tool supported by the Health Resources and Services Administration (HRSA) helps health pro-

fessionals provide culturally and linguistically appropriate services to multicultural populations.

The Provider's Guide to Quality and Culture includes 11 modules focusing on topics such as the relationship of cultural competence to clinical outcomes; assumptions and prejudices; working with interpreters; and relating to immigrant and refugee populations. The *Guide* also features an interactive quiz that helps users develop their knowledge and skills.

The Provider's Guide is a "work in progress" that will be periodically updated; comments and suggestions are encouraged. The Guide was developed by Management Sciences for Health, a nonprofit organization.

To access *The Provider's Guide to Quality and Culture*, go to http://erc.msh.org/quality&culture.